



# Florida Department of Environmental Protection

Bob Martinez Center  
2600 Blair Stone Road  
Tallahassee, Florida 32399-2400

Charlie Crist  
Governor

Jeff Kottkamp  
Lt. Governor

Michael W. Sole  
Secretary

September 04, 2009

Deborah Wright  
Suttles Truck Leasing, Inc  
PO Box 129  
Demopolis, AL 36732-129

Re: Florida Hazardous Waste Transporter Approval

Dear Deborah Wright:

Your Florida Hazardous Waste Transporter Approval Certificate is enclosed. The terms and conditions of approval are specified in Sections 62-730.170 and 62-730.171, Florida Administrative Code(FAC), a copy of which is enclosed for your reference. Please note the following.

1. You must demonstrate proof of liability coverage on an annual basis, even if your insurance policy is issued on a multi-year basis. If no changes in status or insurance coverage have occurred, you can meet this requirement by submitting a certificate of liability coverage form along with the two copies of the Hazardous Waste Transporter Status Form, copies of which are available upon request from the Department of Environmental Protection.
2. A copy of your insurance policy, together with any endorsements, must be maintained at your principal place of business.
3. Your insurer can not terminate your coverage until 30 days after filing written notice with DEP, by Certified mail, that your policy has expired or has been canceled.
4. Any changes to the information specified on your approval certificate will render it null and void. It is your responsibility to advise DEP of any changes in liability coverage or status.
5. A copy of Hazardous Waste Transporter Status Form, complete with the Department approval shall be carried in each vehicle transporting hazardous waste for the transportation company.

Deborah Wright  
September 04, 2009  
Page Two

If you intend to operate a hazardous waste transfer facility, you must submit a Transfer Facility Form [Form 62-730.900(6)]. Notification also must include a contingency and emergency plan and a facility closure plan in accordance with Rule 62-730.171(3)(a), F.A.C. The owner or operator must also demonstrate to the satisfaction of the Department that the location complies with the relevant siting requirements listed in section 403.7211(2) Florida Statutes (F.S) before the location is used as a transfer facility.

If you are currently operating an authorized transfer facility, you must maintain records of incoming and outgoing hazardous waste shipments. These records must include generator names and manifest numbers, and, unless otherwise approved by the Department, must be maintained at the transfer facility in accordance with Rule 62-730.171(6), F.A.C.

If you have any questions, please contact me at 850/245-8755.

Sincerely,

Aprilia Graves  
Engineering Specialist  
Hazardous Waste Regulation Section

RN

Enclosures: Hazardous Waste Transporter Approval Certificate  
Hazardous Waste Transporter Status Form (with insurance verification)  
Sections [62-730.170](#) and [62-730.171](#) , FAC



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## HAZARDOUS WASTE TRANSPORTER CERTIFICATE OF APPROVAL

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This is to certify that the carrier specified below has been approved as a hazardous waste transporter in Florida. The terms and conditions of this certificate require that the holder comply with all applicable portions of Chapter 62-730, Florida Administrative Code. This certificate shall be rendered null and void if any information contained within becomes obsolete. The certificate shall remain valid through the expiration date specified below.

TRANSPORTER: Suttles Truck Leasing, Inc

FACILITY ID NO: ALD095704011

FACILITY ADDRESS: 2460 HIGHWAY 43 SOUTH  
DEMOPOLIS, AL 36732

INSURANCE CARRIER: AXIS INSURANCE COMPANY

INSURANCE POLICY#: B. EAU741462/01-2009

EFFECTIVE DATE: August 01, 2009

EXPIRATION DATE: August 01, 2010

APPROVED TRANSFER FACILITY: NO

APPROVAL ISSUED BY: \_\_\_\_\_ DATE: September 04, 2009

Aprilia Graves  
Engineering Specialist  
Hazardous Waste Regulation Section  
850/245-8755

Poor Original RECEIVED

Are your services commercially available? \_\_\_\_\_

JUL 31 2009

STATE OF FLORIDA

HAZARDOUS WASTE TRANSPORTER STATUS FORM

BY: BSHW

1. Transporter Identification:

Transporter Name: Suttles Truck Leasing, Inc.
Transporter EPA ID: ALD095704011
Location Address: 2460 Highway 43, South Demopolis, AL 36732

Contact: Deborah G. Wright Telephone: 334-289-0670
Mailing Address: P O Box 129 Demopolis, AL 36732

II. Insurance Information:

Insurance Company: Please refer to attachment
Address: Axis Insurance Company 1 MetroPlex Drive #400 Bham, AL 35209
Contact: Bham, AL 35209
Policy Number: B. EAU741462/01-2009
Expiration date: 08/01/10

III. Waste Information:

EPA Waste Codes for Waste Routinely or Usually Transported:
All DOT Regulated Wastes
Comments:

IV. Certification:

I certify under penalty of law that the above information is true, correct, and complete to the best of my knowledge.

Deborah G Wright Permitting Supervisor
Print/Type Name Title
07-16-09
Signature Date Signed

V. The transporter identified above is in compliance with the financial responsibility requirements for hazardous waste transporters pursuant to Chapter 62-730.170, Florida Administrative Code. The forms submitted by the transporter show compliance with the financial responsibility through 08/01/10 Date

Initials
Date

APPROVED by Sebrena L. Bolton, changes approved by the Certifier by phone 9/4/2009

Signature of Florida Department of Environmental Protection Representative Date Signed

**62-730.170 Standards Applicable to Transporters of Hazardous Waste.**

(1) The Department adopts by reference 40 CFR Part 263 revised as of July 1, 2007.

(2) In addition to the requirements of subsection (1) of this rule, no person shall transport a hazardous waste within the state for which either a manifest is required under 40 CFR Part 262 [as adopted in subsection 62-730.160(1), F.A.C.] or a reclamation agreement is entered between a generator and recycler pursuant to 40 CFR 263.20 [as adopted in subsection 62-730.170(1), F.A.C.] unless compliance with the following special requirements have been demonstrated.

(a) The transporter shall have and maintain financial responsibility for sudden accidental occurrences in a minimum amount of \$1,000,000 per occurrence for combined coverage of injury to persons and for damage to property and the environment from the spillage of hazardous waste while such wastes are being transported including the costs of cleaning up the spill. Such financial responsibility shall be issued by an agent or company authorized or licensed to transact business in the State of Florida. Such financial responsibility shall be maintained at all times, be exclusive of legal defense costs, and be established by any one or a combination of the following:

1. Evidence of casualty/liability insurance on an occurrence basis with or without a deductible. With the deductible the Insurer is liable for the payment of amounts within any deductible applicable to the policy, with a right of reimbursement by the insured for any such payment made by the Insurer. Each insurance policy must be evidenced by a certificate of liability insurance or amended by attachment of an endorsement.

2. Surety bonds.

(b) Evidence of coverage shall include submittal of an originally signed copy of one or more of the following forms, which are hereby adopted and incorporated by reference:

1. Hazardous Waste Transporter Certificate of Liability Insurance, Form 62-730.900(5)(a), effective date January 29, 2006.

2. Hazardous Waste Transporter Liability Endorsement, Form 62-730.900(5)(b), effective date January 29, 2006

3. Hazardous Waste Transporter Liability Surety Bond, Form 62-730.900(5)(c), effective date January 29, 2006.

Rule 62-730.900, F.A.C., contains information on obtaining a copy of these forms.

(c) The insurance policy, including all endorsements, or the liability surety bond must be maintained at the carrier's principal place of business.

(d) Whenever requested by the Secretary (or designee) of the Florida Department of Environmental Protection, the Insurer agrees to furnish to the Department a signed duplicate original of the policy and all endorsements.

(e) The transporter shall annually submit to the Department two originally signed Transporter Status Forms, Form 62-730.900(5)(d), effective date January 5, 1995, which is hereby adopted and incorporated by reference. Rule 62-730.900, F.A.C., contains information on obtaining a copy of this form. The Department shall complete the approval part of the form and return one of the originally signed forms to the transporter after verifying that the transporter is complying with the financial responsibility requirements of this section. A copy of this form complete with the Department approval shall be carried in each vehicle transporting hazardous waste for the transporter. This approval is non-transferable and non-assignable.

(f) This subsection does not apply to any person who transports hazardous waste only on the site of a hazardous waste generator or a permitted hazardous waste treatment, storage, or disposal facility.

(g) States and the federal government are exempt from the requirements of this subsection.

(3) Evidence of financial responsibility, updated for the current year, shall be verified annually by the submission of the appropriate form described in paragraph (2)(b) of this section or by the submission of a certificate of insurance. A certificate of insurance shall include a certification by the insurer that the original insurance policy and all endorsements are still in full force and effect as evidenced on the original forms submitted to the Department.

*Specific Authority 403.704, 403.721, 403.724, 403.8055 FS. Law Implemented 403.704, 403.721, 403.724 FS. History—New 11-8-81, Amended 5-31-84, 9-13-84, Formerly 17-30.17, Amended 9-19-86, 3-31-87, 5-26-87, 6-28-88, Formerly 17-30.170, Amended 1-25-89, 8-13-90, 9-10-91, 10-14-92, 10-7-93, Formerly 17-730.170, Amended 1-5-95, 4-30-97, 8-19-98, 2-4-00, 12-20-00, 8-1-02, 10-1-04, 1-29-06, 4-6-06, 5-1-07, 4-25-08.*

### **62-730.171 Transfer Facilities.**

(1) 40 CFR 263.12 [as adopted by reference in subsection 62-730.170(1), F.A.C.] provides that transporters who store manifested hazardous waste in proper containers at a transfer facility for 10 days or less are exempt from regulation as a hazardous waste facility. If the waste is stored for more than 10 days, the facility is subject to the permitting requirements for a hazardous waste storage facility.

(2)(a) The transporter who is owner or operator of a transfer facility which stores manifested shipments of hazardous waste for more than 24 hours but 10 days or less (hereinafter referred to as “the transfer facility”) shall obtain an EPA/DEP identification number for each transfer facility location and notify the Department using Form 62-730.900(1)(b), “8700-12FL – Florida Notification of Regulated Waste Activity,” effective date January 4, 2009 [adopted by reference in paragraph 62-730.150(2)(a), F.A.C.].

(b) Notification pursuant to this subsection shall be submitted at least 30 days before the storage of hazardous waste is to begin at a transfer facility.

(c) The notification shall include the information and documentation required by subsection 62-730.171(3), F.A.C.

(d) The transfer facility shall annually submit updated information on Form 62-730.900(1)(b), “8700-12FL – Florida Notification of Regulated Waste Activity,” effective date January 4, 2009, which is adopted and incorporated by reference at paragraph 62-730.150(2)(a), F.A.C.

(3)(a) The following items constitute initial transfer facility notification:

1. Certification by a responsible corporate officer of the transporter that the proposed location satisfies the criteria of Section 403.7211(2), F.S. The Certification shall state a factual basis for the conclusion that the location criteria are met, and how those facts were determined.

2. Completed Form 62-730.900(1)(b), “8700-12FL – Florida Notification of Regulated Waste Activity,” effective date January 4, 2009, which is adopted and incorporated by reference at paragraph 62-730.150(2)(a), F.A.C.

3. Evidence of the transporter’s financial responsibility as required under subsection 62-730.170(3), F.A.C.

4. A brief general description of the transfer facility operations, including customer base, anticipated waste codes, operating procedures, structures and equipment (with the maximum design capacity for storage), including engineering drawings or sketches if any.

5. A copy of a closure plan demonstrating that the transfer facility will be closed in a manner which satisfies the closure performance, notification, and decontamination standards of 40 CFR 265.111, 265.112, 265.114 and 265.115 [as adopted by reference in subsection 62-730.180(2), F.A.C.].

6. A copy of the contingency and emergency plan required by paragraph 62-730.171(4)(a), F.A.C.

7. A map or maps of the transfer facility, depicting property boundaries, access control, buildings or other structures and pertinent features (such as recreation areas, runoff and stormwater control systems, access or internal roads, sanitary and process sewer systems, loading and unloading areas, and fire control equipment.)

(b) A transporter who is operating a transfer facility must notify the Department prior to making changes in any of the items listed in paragraph 62-730.171(3)(a), F.A.C.

(c) No person shall operate a transfer facility before receiving confirmation from the Department that the initial notification package is complete and technically adequate and receiving an EPA identification number for the transfer facility.

(4) A transfer facility shall comply with the following requirements:

(a) 40 CFR Part 265 Subparts B (general facility standards), C (preparedness and prevention), D (contingency and emergency plan), and I (management of containers), with the exception of 265.13, as adopted by reference in subsection 62-730.180(2), F.A.C.

(b) The aisle space requirements described in 40 CFR 265.35 and the special requirements for incompatible wastes described in 40 CFR 265.177(c) shall not apply at transfer facilities to containers stored in trucks loaded in accordance with DOT regulations described in 40 CFR 263.10 [as adopted by reference in subsection 62-730.170(1), F.A.C.].

(5) Hazardous waste stored at transfer facilities in containers or vehicles shall be stored on a manmade surface which is capable of preventing spills or releases to the ground.

(6) The transfer facility shall maintain a written record of the items listed below. This recordkeeping requirement applies to all hazardous waste that enters and leaves the transfer facility, including hazardous waste generated by CESQGs. Records required in this subsection shall be maintained in permanent form for at least three years and shall be available for inspection by the Department. The records shall be kept at the facility unless the Department gives written approval to do otherwise.

(a) Manifest number for each shipment that enters and leaves the facility, or, for a shipment from a CESQG without a manifest, an identifying number from the shipping document.

(b) The date when all hazardous waste enters and leaves the facility.

(c) The generator's name and the EPA/DEP identification number. For CESQGs without an EPA/DEP identification number, the record shall include the name and address of the generator.

(d) Amounts of hazardous waste and hazardous waste codes associated with each shipment into and out of the facility.

(7) Within 60 days of closure of the transfer facility, the transporter who is owner or operator of the transfer facility shall submit to the Department a certification that the facility has been closed in accordance with the specifications in the closure plan. The certification shall be signed by the owner or operator of the transfer facility, by the owner of the real property where the transfer facility is located, and by a Florida-registered, professional engineer.

(8) Construction, initial operation or substantial modification of a transfer facility which stores shipments of hazardous waste that are required to be manifested, and which does not comply with the location standards in Section 403.7211, F.S., is prohibited. A transporter operating a transfer facility is subject to the demonstration requirements of subsections 62-730.182(3)-(8), F.A.C., regarding substantial modification.

*Specific Authority 403.0877, 403.704, 403.721 FS. Law Implemented 403.0877, 403.704, 403.721 FS. History—New 3-2-86, Amended 6-28-88, Formerly 17-30.171, Amended 8-13-90, 9-10-91, 10-14-92, Formerly 17-730.171, Amended 1-5-95, 1-29-06, 10-28-08, 1-4-09.*



**8700-12FL - FLORIDA NOTIFICATION OF REGULATED WASTE ACTIVITY**  
 DEP Waste Management Division-HWRS, MS4560  
 2600 Blair Stone Rd. Tallahassee, FL 32399-2400  
 (850) 245-8772

RECEIVED  
 Date Received  
 (for FDEP Official Use Only)

AUG 31 2009

EPA ID 

A	L	D	0	9	5	7	0	4	0	1	1
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MTS

BY: BOHAK

**1. Reason for Submittal** Mark 'X' in correct box:

To provide **initial notification** (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities).

To provide **subsequent notification** (to update status and facility identification information).

Is this the **final notification** (see instructions) for the facility?

**2. Facility or Business Name** Suttles Truck Leasing, Inc

**FEID No.**

6	3	0	7	9	6	4	4	1
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**3. Facility Operator** (List additional Operators in the comments section).

**Name of Operator:** Suttles Truck Leasing, Inc.  New Operator

**Date became Operator:** \_\_\_/\_\_\_/\_\_\_  
mm dd yy

**Street or P.O. Box:** P O Box 129 **Phone Number:** 334-289-0670

**City or Town:** Demopolis **State:** AL **Zip Code:** 36732

**Operator Type:**  Private  Federal  Municipal  State  Other

**4. Facility Physical Location Information**

**Physical Street Address:** 2460 Highway 43 South

**City or Town:** Demopolis **State:** AL **Zip Code:** 36732

**County:** Choose \_\_\_ **If available, please attach a map or sketch of the facility boundaries.**

**Latitude:** [ ][ ] [ ][ ] [ ][ ] [ ][ ] [ ][ ] [ ][ ] [ ][ ] [ ][ ] **Longitude:** [ ][ ] [ ][ ] [ ][ ] [ ][ ] [ ][ ] [ ][ ] [ ][ ] [ ][ ] **Method:** \_\_\_\_\_ **Datum:** \_\_\_\_\_  
d d m m s s . ssss d d m m s s . ssss

**5. Facility North American Industry Classification System (NAICS) Code(s)**

A.	484121	B.	
C.		D.	

**6. Facility or Business Mailing Address**

**Street Address or P.O. Box:** P O Box 129

**City or Town:** Demopolis **State:** AL **Zip Code:** 36732

**7. Facility or Business Contact Person**

**First Name:** George **Last Name:** Overstreet **Title:** VP, Operations

**Phone Number:** 334-289-0670 **Extension:** 134 **E-Mail:** goverstreet@danacompanies.com

**Street or P.O. Box:** P O Box 129

**City or Town:** Demopolis **State:** AL **Zip Code:** 36732

**8. Real Property (Land) Owner of the Facility's Physical Location** (List additional real property owners in the comments section.)

**Name of Real Property (Land) Owner:** Dana Transport, Inc.  New Owner

**Date became Owner:** \_\_\_/\_\_\_/\_\_\_  
mm dd yy

**Street or P.O. Box:** P.O. Box 370 **Phone Number:** 732-750-9100

**City or Town:** Avenel **State:** NJ **Zip Code:** 07001

**Owner Type:**  Private  Federal  Municipal  State  Other





**B. Universal Waste (UW) Activities (Mark 'X' in all that apply) ("accumulated" means at any one time):**

- Large Quantity Handler (LQH) = 5,000 kg (11,000 lb) or more of any combination of UW accumulated
  - Small Quantity Handler (SQH) = always less than 5,000 kg accumulated
  
  - Mercury-containing devices LQH = 100 kg (220 lb) or more accumulated by for-hire handler
  - Mercury-containing devices SQH = less than 100 kg accumulated by for-hire handler
  
  - Mercury-containing lamps LQH = 2,000 kg (4400 lbs/8,000 lamps) or more accumulated by for-hire handler
  - Mercury-containing lamps SQH = less than 2,000 kg (8,000 lamps) accumulated by for-hire handler
- [Note: 4 lamps = 1 kg, 62-737.200(10)]
- Pharmaceuticals LQH = 5,000 kg or more of universal pharmaceutical waste (UPW) accumulated
  - Pharmaceuticals LQH = more than 1 kg (2.2 lb) of acutely hazardous ("P-listed") pharmaceutical waste accumulated
  - Pharmaceuticals SQH = always less than 5,000 kg of UPW and always 1 kg or less of acutely hazardous UPW accumulated

(1) For those Managing	Generate/ Accumulate	Transport (see note in instructions)	Handle at Transfer Facility	(2) Enter your estimate of the maximum amount (in pounds) of each type of UW on site or transported at any one time.
a. Batteries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
b. Pesticides	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
c. Pharmaceuticals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
d. Mercury Containing Devices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
e. Mercury Containing Lamps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

**(3) Mercury Recovery and/or Reclamation Facility**  Note: A hazardous waste permit is required for this activity. [Rule 62-737.800, F.A.C.]  
[Chapter 62-737, F.A.C.]

**(4) Reverse Distributor of UW**  Pharmaceuticals  Lamps  Devices

**(5) Destination Facility for UW**  Note: for this activity, a facility must treat, dispose or recycle a UW. A permit is required for storage prior to recycling.

**C. Used Oil Activities:**

- (1) Used Oil Transporter - indicate type(s) of activity(ies):**
- a. Transporter
  - b. Transfer Facility
- (2)  Collection Center**
- (3)  Used Oil Processor** (A permit is required for this activity.)
- (4)  Off-Specification Used Oil Burner**
- (5)  Used Oil Fuel Marketer**
- (6) Used Oil Filter**
- a. Transporter
  - b. Transfer Facility
  - c. Processor
  - d. End User

**8) Specific Certification to be signed by all Used Oil Transporters**

I certify as a Used Oil Transporter that the training program and financial responsibility required under Section 62-710.600, F.A.C., are in place, current and being adhered to. If any modifications have been made to the originally approved training program, they are explained in attachments to this registration form. Evidence of financial responsibility is demonstrated by the attached Used Oil Transporter Certificate of Liability Insurance, DEP form 62-710.901(4), F.A.C.

\_\_\_\_\_  
Signature of Authorized Person

\_\_\_\_\_  
Print Name of Authorized Person

**(7) Used Oil Transporters, Transfer Facilities, Collection Centers, Off-Specification Burners and Marketers must pay an annual \$100 registration fee. Used Oil Processors are exempt from this fee. If applicable, enclose a check or money order, in the amount of \$100, payable to Florida Department of Environmental Protection.**

A check is enclosed.

**(9) The records required under the provisions of Rule 62-710.510, F.A.C., are kept at (check one):**

- our mailing (business) address
- The site (facility) address

EPA ID No. ALD095704011

**D. Other State Regulated Waste Activities:**  **Petroleum Contact Water (PCW) Handler** [Chapter 62-740, F.A.C.]  
Note: A water facility permit may be required for this activity.

**10. Waste Codes for Federally Regulated Hazardous Wastes:** List the waste codes of the Federal hazardous wastes handled at your facility. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Hazardous waste transporters list codes routinely or usually transported. Use an additional page if more spaces are needed.

1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28

**11. Other Status Changes (Mark 'X' in all that apply):**

**A. Non-Handler of Regulated Waste at This Facility**

- (1) Business no longer generates, transports, treats, stores, or disposes of hazardous waste  
 (2) Waste generated by business has been delisted.  
 (3) Other (explain) Non-Handler

**B. Facility Closed**

- (1) Closed at this location and **moved or moving** to another - submit a new Form 8700-12FL for the new location if you will be handling regulated waste there.  
 (2) Out of Business - Business closed on \_\_\_\_\_ (Date). Please provide a contact person, mailing address, and phone number where you can be reached after closing.

Contact \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_

**C. Property Tax Default**

**D. Petition for Bankruptcy Protection**

**12. Certification:** I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. The information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. If I have notified as a transfer facility, I am aware that transfer facilities must comply with the requirements of Rule 62-730.171, FAC, and Rule 62-730.182, FAC.

Signature of owner, operator, or an authorized representative

Print Name and Title

Date Signed  
(mm-dd-yyyy)

George C Overstreet

08-25-2009

VP, Operations

If the person who filled in this form is not the Facility Contact or Operator, please complete the information below:

Deborah Wright

334-289-0670

dwright@danacompanies.com

(Name of person completing this form)

(Phone Number)

(E-mail Address)

**13. Comments:**

STATE OF FLORIDA  
HAZARDOUS WASTE TRANSPORTER CERTIFICATE OF LIABILITY INSURANCE

1. \_\_\_\_\_ - Axis Insurance Company  
(Name of Insurer)

(the "Insurer"), of #1 MetroPlex Drive, #400, Bham, AL 35209

(Address of Insurer)

hereby certifies that it has issued liability insurance covering bodily injury and property damage including environmental restoration for sudden accidental occurrences to

\_\_\_\_\_  
Suttles Truck Leasing, Inc.

(Name of Insured)

(the "Insured"), of PO Box 129, 2460 Highway 43 South, Demopolis, AL 36732

(Address of Insured)

in connection with the insured's obligation to demonstrate financial responsibility under Florida Administrative Code Rule 62-730.170. The coverage applies at:

<u>EPA/DEP I.D. No.</u>	<u>Name</u>	<u>Location</u>
<u>ALD095704011</u>	<u>Suttles Truck Leasing, Inc.</u>	<u>PO Box 129, Demopolis, AL 36732</u>

(If coverage is for multiple facilities, identify each facility insured.)

This insurance is primary and the company shall not be liable for amounts in excess of \$ \_\_\_\_\_ for each accident, exclusive of legal defense costs. The coverage is provided under policy number \_\_\_\_\_, issued on \_\_\_\_\_ (date)

The effective date of said policy is \_\_\_\_\_ and the expiration date of said policy is \_\_\_\_\_ (date)  
is \_\_\_\_\_ (date)

This insurance is excess and the company shall not be liable for amounts in excess of \$ 3,000,000 for each accident in excess of the underlying limit of \$ 2,000,000 for each accident, exclusive of legal defense costs. The coverage is provided under policy number B. EAU741462/01-2009, issued on 08/01/09. The effective date of

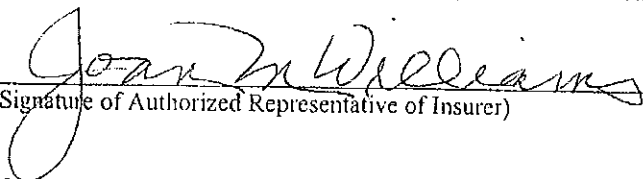
(date)  
said policy is 08/01/09 and the expiration date of said policy is 08/01/10 (date)

2. The Insurer further certifies the following with respect to the insurance described in Paragraph 1:

(a) Bankruptcy or insolvency of the insured shall not relieve the Insurer of its obligations under the policy.

- (b) The Insurer is liable for the payment of amounts within any deductible applicable to the policy, with a right of reimbursement by the insured for any such payment made by the Insurer.
- (c) Whenever requested by the Secretary (or designee) of the Florida Department of Environmental Protection (FDEP), the Insurer agrees to furnish to the Department a signed duplicate original of the policy and all endorsements.
- (d) Cancellation of the insurance, whether by the Insurer or the Insured and any other termination of the insurance (e.g., expiration, non-renewal), will be effective only upon written notice and only after the expiration of thirty (30) days after a copy of such written notice is received by the Secretary of the FDEP as evidenced by certified mail return receipt.
- (e) The Insurer shall not be liable for the payment of any judgment or judgments against the Insured for claims resulting from accidents which occur after the termination of the insurance described herein, but such termination shall not affect the liability of the Insurer for the payment of any such judgment or judgments resulting from accidents which occur during the time the policy is in effect.

I hereby certify that the Insurer is licensed to transact the business of insurance, or eligible to provide insurance as an excess or surplus lines insurer, in one of more States including Florida.

  
(Signature of Authorized Representative of Insurer)

Joan M. Williams  
(Typed name)

Broker's License: PA 328452 NJ 9245772  
(Social Security Number)

Account Manager  
(Title)

Authorized Representative of

Axis Insurance Company  
(Name of Insurer)

1015 Briggs Road, Suite 100, PO Box 5005, Mt. Laurel, NJ 08054 Ph 856 914 4611 Fax 856 914 0051  
(Address of Representative)

## Bolton Sebrena

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**From:** Deborah G. Wright [dwright@danacompanies.com]  
**Sent:** Friday, September 04, 2009 10:11 AM  
**To:** Bolton Sebrena  
**Subject:** RE: Status

That is correct. Axis Insurance covers our environmental coverage.

Thanks for your help.

Deborah Wright  
Dana Transport, Inc.  
P.O. Box 129  
Demopolis, AL 36732  
334-289-0670, ext. 110  
334-217-0833, fax

***DANA is currently aggressively seeking tanker Freight moving further than 300 miles from Illinois, Wisconsin, Michigan and Indiana. Please Contact CHUCK MARTINEZ OR BOB COTTRELL at 1-800-733-3262 or [BCOTTRELL@DANACOMPANIES.COM](mailto:BCOTTRELL@DANACOMPANIES.COM) OR [CMARTINEZ@DANACOMPANIES.COM](mailto:CMARTINEZ@DANACOMPANIES.COM)***

"LIFE IS NOT THE WAY IT'S SUPPOSE TO BE....IT'S THE WAY IT IS. THE WAY YOU COPE WITH IT IS WHAT MAKES THE DIFFERENCE."

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**From:** Bolton Sebrena [mailto:Sebrena.Bolton@dep.state.fl.us]  
**Sent:** Friday, September 04, 2009 9:03 AM  
**To:** Deborah G. Wright  
**Subject:** RE: Status

Deborah,

We received the form on Monday, thanks.

Per our conversation moments ago, I just wanted to clarify that Axis Insurance Company with policy # B. EAU741462/01-2009 covers your pollution coverage in case of an accidental spill?

Thanks  
Sebrena

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**From:** Deborah G. Wright [mailto:dwright@danacompanies.com]  
**Sent:** Thursday, September 03, 2009 3:10 PM  
**To:** Bolton Sebrena  
**Subject:** RE: Status

We mailed that last Wednesday.

Deborah Wright  
Dana Transport, Inc.  
P.O. Box 129  
Demopolis, AL 36732  
334-289-0670, ext. 110  
334-217-0833, fax

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**From:** Bolton Sebrena [mailto:Sebrena.Bolton@dep.state.fl.us]  
**Sent:** Thursday, September 03, 2009 2:05 PM  
**To:** Deborah G. Wright  
**Subject:** RE: Status

Deborah,

We are still waiting for the 8700-12FL form and we need the MCS-90 for AXIS Insurance.

Sebrena

*The Department of Environmental Protection values your feedback as a customer. DEP Secretary Michael W. Sole is committed to continuously assessing and improving the level and quality of services provided to you. Please take a few minutes to comment on the quality of service you received. Simply click on [this link to the DEP Customer Survey](#). Thank you in advance for completing the survey.*

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**From:** Deborah G. Wright [mailto:dwright@danacompanies.com]  
**Sent:** Thursday, September 03, 2009 2:45 PM  
**To:** Bolton Sebrena  
**Subject:** Status

Good Afternoon,

Can you give us the status of our permit?

Suttles Truck Leasing, Inc.

Thanks!

Deborah Wright

Dana Transport, Inc.

P.O. Box 129

Demopolis, AL 36732

334-289-0670, ext. 110

334-217-0833, fax

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